
State: Arkansas
TOI/Sub-TOI: L07I Individual Life - Whole/L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: L-18199A
Project Name/Number: L-18199A/L-18199A

Filing Company: Bankers Life and Casualty Company

Filing at a Glance

Company: Bankers Life and Casualty Company
Product Name: L-18199A
State: Arkansas
TOI: L07I Individual Life - Whole
Sub-TOI: L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Filing Type: Form
Date Submitted: 10/03/2012
SERFF Tr Num: BNLA-128708518
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: L-18199A

Implementation: On Approval
Date Requested:
Author(s): Dan Murphy, Lucy Sutton, Linda Young
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/08/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: L-18199A
Project Name/Number: L-18199A/L-18199A

Filing Company: Bankers Life and Casualty Company

General Information

Project Name: L-18199A
Project Number: L-18199A
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Linda Young

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/08/2012
State Status Changed: 10/08/2012
Created By: Dan Murphy
Corresponding Filing Tracking Number:

Filing Description:
Insurance Department Personnel

NAIC 233-61263 FEIN 36-0770740

RE: Individual Life Insurance - New Form
Simplified Underwritten Life Insurance Application
Application Form L-18199A-AR

Dear Sir/Madam:

We are filing the above referenced application form for your consideration and approval. This filing contains no unusual or controversial items from normal Company or industry standards.

We are filing this form to replace previously approved form L-18199-AR which was approved, May 3, 2011. The only revisions apply to the authorization section and are meant to comply with changes to the MIB requirements.

This form is a simplified underwritten application and will be used to direct market our existing policyholders. This form is intended to be used with previously approved Graded Death Benefit Whole Life Insurance Policy L-29H.

The Flesch Test Readability score for this form is:
L-18199A-AR 50.55

This form has been submitted to the Company's home state of Illinois and is currently pending approval.

We respectfully request your favorable consideration and approval of this filing. If you have any questions or need additional information, please feel free to contact me.

Company and Contact

Filing Contact Information

Linda Young, Lead Design Analyst
111 E. Wacker Drive - Suite 2100
Chicago, IL 60601-4508

l.young@banklife.com
312-396-6132 [Phone]
312-396-5907 [FAX]

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name: L-18199A
Project Name/Number: L-18199A/L-18199A

Filing Company Information

Bankers Life and Casualty
Company
111 East Wacker Drive • Suite
2100
Chicago, IL 60601-4508
(800) 621-3724 ext. [Phone]

CoCode: 61263
Group Code: 233
Group Name:
FEIN Number: 36-0770740

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Bankers Life and Casualty Company	\$50.00	10/03/2012	63391360

SERFF Tracking #:	BNLA-128708518	State Tracking #:		Company Tracking #:	L-18199A
State:	Arkansas	Filing Company:	Bankers Life and Casualty Company		
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design				
Product Name:	L-18199A				
Project Name/Number:	L-18199A/L-18199A				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/08/2012	10/08/2012

State:	Arkansas	Filing Company:	Bankers Life and Casualty Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design		
Product Name:	L-18199A		
Project Name/Number:	L-18199A/L-18199A		

Disposition

Disposition Date: 10/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Simplified Underwritten Life Insurance Application		Yes

State:	Arkansas	Filing Company:	Bankers Life and Casualty Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design		
Product Name:	L-18199A		
Project Name/Number:	L-18199A/L-18199A		

Form Schedule

Lead Form Number: L-18199A							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		L-18199A-AR	AEF	Simplified Underwritten Life Insurance Application	Initial:	50.550	L18199A-AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

APPLICATION FOR INSURANCE (FORM L-29H) TO BANKERS LIFE AND CASUALTY COMPANY
111 East Wacker Drive, Suite 2100, Chicago, Illinois 60601-4508

Name of Proposed Insured:	Sex	Date of Birth	Age	BasicLife Ultimate Benefit	Annual Premium
Sample, Bob M	M	05/05/1940	70	\$ 7,000	\$ 971.25

Qualifying Medical Questions: Has the Proposed Insured:

- 1.) Within the past year, been in a long-term care facility, been confined to a bed, required the use of a wheelchair or oxygen, or been diagnosed with a terminal illness; or
- 2.) Within the past three years, had, or been diagnosed as having, been treated for, or medically advised to receive treatment for: Alzheimer's Disease, dementia, ALS (Lou Gehrig's Disease), congestive heart failure, kidney insufficiency (including dialysis) or drug abuse; or
- 3.) Ever tested positive for the antibodies to the AIDS Virus or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ☐ Yes ☐ No

Beneficiary:	Name	, DOB	, Relationship
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Is the policy applied for intended to, or likely to, replace or change any existing life insurance or annuities in this or any other company? . . ☐ Yes ☐ No
If Yes, please contact your agent for other life insurance options. This offer is not available if you are replacing coverage.

I understand that Bankers Life and Casualty Company may require additional information to determine my eligibility for insurance coverage. Accordingly, I authorize any other insurance company, person or entity, or MIB, Inc. ("MIB") that has knowledge of my finances, employment or other insurance coverage, to give Bankers Life and Casualty Company, or its representatives or reinsurers, any such information. I also authorize Bankers Life and Casualty Company, or its reinsurers, to make a brief report of my protected health information to MIB. I understand that I am entitled to a copy of this authorization and that a photocopy of this authorization is as valid as the original. This authorization shall expire 24 months after the date it is signed..

Signature of Proposed Insured	Date
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The Proposed Insured has read the above questions and his/her answers to each and certify the answers are complete, true and correct.

Signature of Proposed Insured	Date	Dated at City/Town	State
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Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

State:	Arkansas	Filing Company:	Bankers Life and Casualty Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design		
Product Name:	L-18199A		
Project Name/Number:	L-18199A/L-18199A		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR -READABILITY CERTIFICATION.pdf			

READABILITY CERTIFICATION

Company Name: Bankers Life and Casualty Company

NAIC Number: 233-61263

As an officer of Bankers Life and Casualty Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
Application		
50.55	L-18199A-AR	Application for Life Insurance



Matt Brown
Assistant Secretary

10/03/2012
DATE